

EXHIBIT 1M



Home Family Care

3051 Brighton 3rd Street,
Brooklyn, NY 11235

Tel: 718 975-8998
Fax: 929-333-9431

WELCOME TO HOME FAMILY CARE!

Please retain the following information for your records. As a new employee of Home Family Care you are entitled to the following information in writing:

1. Your base pay rate will be: \$13.00
2. Your overtime rate of pay will be time and a half of Minimum wage.
3. Your regular pay day will be every Friday.
4. As an employee of Home Family Care Inc., I am aware and agreed to take any assignment at any of five boroughs of New York.

Additional

Comments: _____

I, specifically acknowledge and agree that I am aware of my rate pay, overtime rate of pay, if applicable, and any and all other wage information as required by Section 195 of the New York Labor Law.

Print Name: _____

Signature: _____

Date: _____